

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **08C3709**

**IDOC Chief of Legal Services
Illinois Department of Corrections
100 West Randolph Street - 4-200
Chicago, IL 60601**

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
☒ *Kristina D. Brown* ☐ Addressee

B. Received by (Printed Name) ☐ C. Date of Delivery
☒ *Kristina D. Brown* ☒ *7/7/08*

D. Is delivery address different from item 1? ☐ Yes
 If YES, after delivery address, show: ☐ No

FILED
JUL 14 2008
CLERK U.S. DISTRICT COURT

3. Service Type ☒ Certified Mail ☐ Registered Mail
☐ Insured Mail ☐ Return Receipt for Merchandise
☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number **7003 1010 0002 4290 8690**
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102585-02-M-1540

08C03709